



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY, SECOND FLOOR
TENNESSEE RACE TRACK LICENSING PROGRAM
NASHVILLE, TENNESSEE 37243-0572
615-741-1741 FAX 615-253-1179
www.tn.gov/commerce/boards/racing**

CERTIFICATE OF INSURANCE

This is to certify that policies of insurance as described below have been issued to the insured. In the event of cancellation, non-renewal or change during the periods of coverage as stated herein, not less than ten (10) days' advance written notice will be given to the Director of Regulatory Board.

1. Name and Address of Insured:

Telephone: Area Code _____ Phone No. _____

2. Name and Address of Local Agency:

Telephone: Area Code _____ Phone No. _____

3. Location of Operations to which this certificate applies:

Telephone: Area Code _____ Phone No. _____

4. Insurance is afforded for such coverages as are indicated below by limits of Liability, Policy Number and Period Covered. (Minimum Limits \$100,000.00 - \$300,000.00 Single Limits for Bodily Injury)

TYPE OF COVERAGE	MINIMUM LIMITES OF LIABILITY	POLICY NUMBER	ANNUAL POLICY PERIOD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This certificate is executed by the _____
Insurance Company as respects insurance afforded by that company under the policies designated above.

Name of Insurance Company

Address: _____

Telephone: Area Code _____ No. _____

Date

Authorized Certifying Representative or Officer Only